# SVTC Annual Plan

## FY 2009

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## Goal 1    Enrich the Quality of Life for Individuals

**Objective 1    Increase percent of individuals' IHPs that are focused, integrated and measurable to 80%**        **Quality of Life QSC**

*Strategies*

1  Enable performance management of ID teams by providing (1) data on quality of IHPs to Department Heads and (2) other supports as needed by 6/30/2009        Utilization Review Committee

2  Create Program Director/URC member teams to improve IHP quality by 12/30/2008        Program Directors and Utilization Review

*Performance Indicators*

1  Percent of IHPs that meet criteria for Focus        Utilization Review Committee

2  Percent of IHPs that meet criteria for Priorities        Utilization Review Committee

3  Percent of IHPs with acceptable service Integration        Utilization Review Committee

4  Percent of IHPs that meet all criteria for quality        Utilization Review Committee

**Objective 2    Achieve verified outcomes for at least 25% of IHP priorities**        **Quality of Life QSC**

*Strategies*

1  Establish a review process that examines ID Team verification of progress towards planned outcomes (priorities) by 12/31/2008        Utilization Review Committee

*Performance Indicators*

1  Percent of IHP outcomes that are measurable and result in verifiable progress        Utilization Review Committee

**Objective 3    Address factors associated with abuse, neglect and mistreatment of individuals and educate staff on factors**        **Quality of Life QSC**

*Strategies*

1  Ensure ongoing education of facility staff as it relates to abuse/neglect issues by 6/30/2009        Health & Individual Supports

**Objective 4    Enhance services and support structures and processes to better support individuals**        **Quality of Life QSC**

# SVTC Annual Plan

## FY 2009

---

*Strategies*

| | | |
|---|---|---|
| 1 | Centralize the delivery of medical/nursing services by 8/4/2008 (Done) | Health & Individual Supports |
| 2 | Complete design of QMRP monthly audit system and identify date by which computerized system will be operational by 6/30/2009 | Person-Centered Supports and Information Services |
| 3 | Complete the individual assessments and installation of new shoulder harnesses for wheel chair transports by 10/1/2008 (Done) | Transportation |
| 4 | Complete planning and design of crisis stabilization unit by 6/30/2009 | Executive Steering Committee |

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Number of bed-days provided to individuals in the 6 community beds | Director, Residential Supports |

**Objective 5**  **Monitor census and community placement indicators**          **Quality of Life QSC**

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Census as of the first day of the month | Director, Information Services |
| 2 | Number of new admissions during the month | Director, Community/Social Services |
| 3 | Number of permanent admissions | Director, Community/Social Services |
| 4 | Number of discharges during the month | Director, Community/Social Services |
| 5 | Number of individuals discharged to Waiver slots | Director, Community/Social Services |
| 6 | Total number of individuals determined to be discharge ready | Utilization Review Committee |
| 7 | Number of individuals without authorized rep/Guardian | Director, Community/Social Services |
| 8 | Number of discharge-ready individuals for whom there is an objection to discharge | Director, Community/Social Services |

**Objective 6**  **Monitor clinical services to individuals**          **Quality of Life QSC**

# SVTC Annual Plan

## FY 2009

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| | | |
|---|---|---|
| 1 | Percent of areas receiving a passing/acceptable grade on the area monitoring form | Program Directors & Support Chiefs |
| 2 | Percent reliability of behavioral data | H&IS Dept. Heads |
| 3 | Percent of emergency restraints (out of 100% sample) in full compliance with policy | Psychology Supervisor |
| 4 | Number of isolated time-out incidents | Psychology Supervisor |
| 5 | Number of mechanical restraint applications | Psychology Supervisor |

**Objective 7    Monitor systems that promote individuals' health**          **Quality of Life QSC**

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Number and rate of infections | Infection Control Nurse |
| 2 | Number of medication errors per individual | Nursing Services |
| 3 | Number of fractures | H&IS Dept. Heads |
| 4 | Number of falls | H&IS Dept. Heads |
| 5 | Number of individuals on 9 or more medications | Director, Medical/Physician Services |
| 6 | Number of individuals with fecal impaction | Nursing Executive Committee |
| 7 | Number of urinary tract infections | Infection Control Nurse |
| 8 | Number of individuals diagnosed with severe dehydration | Nursing Executive Committee |
| 9 | Number of individuals with psychiatric diagnosis that receive polypharmacy | Director, Medical/Physician Services |
| 10 | Number of individuals diagnosed with new pressure ulcers per Stage (1-4) | H&IS Dept. Heads |
| 11 | Number of individuals who weigh 10% over the upper limit of the desired body weight range | Nursing Executive Committee |

| | | |
|---|---|---|
| 13 | Number of special hospitalizations during the month | Nursing Executive Committee |
| 14 | Rate of individual incidents per 1000 patient days | H&IS Dept. Heads |

**Objective 8    Monitor quality of CRS documentation**                    **Quality of Life QSC**

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Number of repeat CRS deficiencies | H&IS & Dietary Dept. Heads |
| 2 | Percent of IHP's filed in CRS by deadline | H&IS Dept. Heads |
| 3 | Percent of staffing reports submitted on time | H&IS & Dietary Dept. Heads |

# SVTC Annual Plan

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## Goal 2    Develop the Workforce and Enrich SVTC Employees' well being

### Objective 1    Enhance strategies to improve workforce performance    Workforce QSC

#### Strategies

1   Identify manager needs for training information by 3/1/2009          Training Advisory Committee

2   Complete MVP training for all supervisors and managers by          Training Advisory Committee
    8/31/2009

#### Performance Indicators

1   Percent of mandated training up-to-date          Dept. Heads

2   Number of Process Improvement Nominations submitted          Workforce QSC

3   Percent of current supervisors/managers that have received at          Dept. Heads
    least 3 hours of supervisory/management training during the
    fiscal year.

4   Percent of DSA's who have completed 15 College of Direct          Staff Training & Development
    Support core modules

5   Percent of managers and supervisors trained in Managing          Staff Training & Development
    Virginia Program

### Objective 2    Enhance strategies to improve employee satisfaction    Workforce QSC

#### Performance Indicators

1   Number of awards given via Recognition Program          Dept. Heads

2   Percent of workforce participating in Commonhealth activities          Infection Control Nurse

### Objective 3    Reduce vacancies for hard-to-fill clinical positions by    Workforce QSC
20% of baseline number by June 30, 2009

#### Strategies

1   Document the process for recruiting hard-to-fill clinical          Human Resources
    positions by 10/31/2008 (Done)

#### Performance Indicators

1   Number of hard-to-fill positions filled during the quarter          Employee Services Manager

| | | |
|---|---|---|
| 2 | Number of hard-to-fill position vacancies | Compensation & Employment Manager |

**Objective 4**     **Review Values Assessment again once new leadership is in place**     **Workforce QSC**

**Objective 5**     **Develop  a succession plan by 10/31/09**     **Workforce QSC**

### *Strategies*

| | | |
|---|---|---|
| 1 | Determine broad parameters that a succession plan should address by 11/30/2008 | Human Resources |

**Objective 6**     **Identify strategies designed to reduce overall overtime**     **Executive Steering Committee**

### *Strategies*

| | | |
|---|---|---|
| 1 | Brainstorm and research potential strategies in a comprehensive manner by 7/1/2009 | Health & Individual Supports |

### *Performance Indicators*

| | | |
|---|---|---|
| 1 | Number of scheduled, non-voluntary overtime hours worked by DSAs | Directors, Residential & Program Supports |
| 2 | Number of voluntary overtime hours for DSA's during the month | Directors, Residential & Program Supports |
| 3 | Number of mandatory overtime hours for DSA's for the month | Directors, Residential & Program Supports |
| 4 | Number of scheduled, non-voluntary overtime hours worked by LPNs | Director, Nursing Supports |
| 5 | Number of voluntary overtime hours for LPN, PPN and CNa's during the month | Director, Nursing Supports |
| 6 | Number of mandatory overtime hours for LPN, PPN and CNa's for the month | Director, Nursing Supports |
| 7 | Number of scheduled, non-voluntary overtime hours worked by RNs | Director, Nursing Supports |
| 8 | Number of voluntary overtime hours for RN's during the month | Director, Nursing Supports |

| | | |
|---|---|---|
| 9 | Number of mandatory overtime hours for RN's for the month | Director, Nursing Supports |

**Objective 7**  **Monitor workplace safety indicators**  **Workforce QSC**

_Performance Indicators_

| | | |
|---|---|---|
| 1 | Cost of workers' compensation claims | ESC |
| 2 | Number of PPDs out of compliance | Infection Control Nurse |
| 3 | Number of injuries to DSA's during the month | Directors, Residential & Program Supports |
| 4 | Number of injuries to LPN, PPN and CNa's during the month | Director, Nursing Supports |
| 5 | Number of injuries to RN's during the month | Director, Nursing Supports |

**Objective 8**  **Monitor recruitment and retention indicators**  **Workforce QSC**

_Performance Indicators_

| | | |
|---|---|---|
| 1 | Percent of funded positions filled | Compensation & Employment Manager |
| 2 | Percent staff turnover | Dept. Heads |
| 3 | Percent of Living Areas staffed at DOJ level | ESC |
| 4 | Number of Direct care nursing position (CNa,PPN,LPN) vacancies on the first day of the month | Director, Nursing Supports |
| 5 | Number of RN position vacancies on the first day of the month | Director, Nursing Supports |
| 6 | Number of Physician position vacancies on the first day of the month | Director, Medical/Physician Services |
| 7 | Number of remaining clinical staff position vacancies on the first day of the month | Chief, Health & Individual Supports |
| 8 | Number of administrative staff position vacancies on the first day of the month | Director, Administrative Services |
| 9 | Number of Direct care nursing position (Can's,PPN,LPN) New Hires during the month | Employee Services Manager |
| 10 | Number of RN position New Hires during the month | Employee Services Manager |

| | | |
|---|---|---|
| 11 | Number of Physician position New Hires during the month | Employee Services Manager |
| 12 | Number of clinical staff position New Hires during the month | Employee Services Manager |
| 13 | Number of administrative staff position New Hires during the month | Employee Services Manager |
| 14 | Number of Direct care nursing position (Can,PPN,LPN) Separations from Service during the month | Director, Nursing Supports |
| 15 | Number of RN position Separations from Service during the month | Director, Nursing Supports |
| 16 | Number of Physician position Separations from Service during the month | Director, Medical/Physician Services |
| 17 | Number of clinical staff position Separations from Service during the month | Chief, Health & Individual Supports |
| 18 | Number of administrative staff position Separations from Service during the month | Director, Administrative Services |
| 20 | Number of DSA position vacancies on the first day of the month | Directors, Residential & Program Supports |
| 21 | Number of DSA position New Hires during the month | Employee Services Manager |
| 22 | Number of DSA position Separations from Service during the month | Directors, Residential & Program Supports |
| 23 | Number of DSA II applications received | Employee Services Manager |
| 24 | Number of DSA II vacancies as of start of new-hire class | Employee Services Manager |

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## Goal 3    Maintain Financial Stability

| Objective 1 | **Achieve on-schedule status for 80% of application development projects on a quarterly basis** | **Financial Stability QSC** |
|---|---|---|

### Strategies

| 1 | Establish review processes for (1) identifying needed applications and (2) prioritizing identified needs by 9/30/2008 | Software Advisory Team |
|---|---|---|
| 2 | Develop process for managing intranet improvements by 10/31/2008 | Software Advisory Team |
| 3 | Develop a strategic IT plan by 2/28/2009 | Information Services |

### Performance Indicators

| 1 | Number of development projects approved | ESC |
|---|---|---|
| 2 | Number of development projects completed | Director, Software Development Services |
| 3 | Number of application projects on schedule | Director, Software Development Services |

| Objective 2 | **Maintain and monitor campus security, infrastructure and space issues** | **Financial Stability QSC** |
|---|---|---|

### Strategies

| 1 | Complete Health Central by 8/4/2008 (Done) | Space Utilization Committee |
|---|---|---|
| 2 | Create a simple, concise, high-profile description of a communication system and communicate that system to all staff by 8/31/2008 | Administrative Services |

| Objective 3 | **Meet or exceed DOA requirements for direct deposit and other mandates** | **Financial Stability QSC** |
|---|---|---|

### Strategies

| 1 | Establish a campus joint instruction that mandates direct deposit for all staff by 10/31/2008 | Financial Services |
|---|---|---|

2   Develop a plan that outlines actions required to comply with          Financial Services
State policy changes whereby all employees who have access
to state –issued computers and internet access will be required
to use Payline and opt out of printed earnings notices.
Develop plan by 10/1/2008

### *Performance Indicators*

1   Percent of classified staff using Direct Deposit          ESC

2   Percent of wage staff using Direct Deposit          ESC

3   Percent of classified staff declining paycheck stub          ESC

4   Number of travel checks written in lieu of EDI          Dept. Heads

5   Prompt Payment: Percent of invoices paid on time per agency          Financial Services

**Objective 4       Monitor fiscal year budget conditions on a monthly          Financial Stability QSC
basis to ensure facility expends within appropriation**

### *Strategies*

1   Review budget on a monthly basis at ESC meeting by          Financial Services
6/30/2009

2   Establish MOU for services provided by HWDMC to the          Administrative Services
campus by 8/31/2008

### *Performance Indicators*

1   Bottom line budget status for SVTC considering known facts,          ESC
projections and estimates

2   Bottom line budget status for HWDMC considering known          ESC
facts, projections and estimates

**Objective 5       Achieve 95% of individual customer satisfaction and          Financial Stability QSC
support process targets on a quarterly basis**

### *Performance Indicators*

1   Percent meal content accuracy          Food Services

2   Percent of customers satisfied with food served          Food Services

3   Percent snack content accuracy          Food Services

| 4 | Percent of customer satisfaction with quality of Housekeeping and Laundry | Housekeeping/Laundry Services |
|---|---|---|
| 5 | Percent of quality sanitation maintained in serviced areas | Housekeeping/Laundry Services |
| 6 | Percent of preventive maintenance work orders completed within 14 days | Physical Plant Services |
| 7 | Percent of corrective maintenance work orders completed within 7 days | Physical Plant Services |
| 8 | Percent of initial, daily pick-ups made in support of program requirements | Transportation Services |
| 9 | Cumulative number of external audits | ESC |
| 10 | Percent compliance for HIPAA audits | Dept. Heads |
| 11 | Number of HIPAA complaints | Dept. Heads |

| **Objective 6** | **Hold monthly discussions in the Managers' Forum addressing Department initiatives** | **Financial Stability QSC** |
|---|---|---|

*Strategies*

| 1 | Establish a structure for discussing Department initiatives and PCP at the Managers' Forum by 1/15/2009 | Executive Steering Committee |
|---|---|---|

| **Objective 7** | **Reduce annual energy consumption by percentage figure to be determined** | **Executive Steering Committee** |
|---|---|---|

*Strategies*

| 1 | Initiate a quarterly process for discussing energy usage at the Managers' Forum by 9/30/2008 (Done) | Environment of Care |
|---|---|---|

| **Objective 8** | **Expend all RCSC-allotted funds on creation of structure/resources and provision of services by end of fiscal year** | **Executive Steering Committee** |
|---|---|---|

*Performance Indicators*

| 1 | Quantity and types of community services provided | RCSC Coordinator |
|---|---|---|

2  Number of requests for RCSC services not fulfilled      RCSC Coordinator

3  Dollar value of RCSC services provided      RCSC Coordinator

# SVTC Annual Plan

## FY 2009

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## Goal 4    Move SVTC towards a Person-Centered Culture

| Objective 1 | Senior leaders establish, communicate and lead a person-centered philosophy for SVTC | People First Team |

### *Strategies*

| 1 | Circulate a Director's Message via DVD to all staff to communicate a person-centered philosophy that is compatible with PCP as described in the MR System Study by 1/31/2009 | Facility Director |
|---|---|---|
| 2 | Implement a mechanism to bring together departmental person-centered initiatives by 9/30/2008 (Done) | PCP Coordinator |
| 3 | Initiate quarterly interactive PCP forums between ESC and employees by 1/31/2009 | Executive Steering Committee |
| 4 | Senior managers (DHs) will become more actively involved with individuals' social events.  The Facility Director will communicate expectations to senior managers.  Develop a method  of tracking attendance of senior managers at social events.  Provide an attendance report by Jan 15, 2009  for social events scheduled between September 1 and Dec 31, 2008.  Complete all by 1/30/2009 | Facility Director |
| 5 | Identify recognition processes (spot awards, etc.) focusing on PCP efforts as a way of  "catching employees being good" by 10/1/2008 (Done) | PCP Coordinator |

| Objective 2 | Engage staff in the pursuit of PCP through education and training, planning and quality improvement processes | People First Team |

### *Strategies*

| 1 | Assess results from departments' PCP requirement and make adjustments to improve outcomes by 1/31/2009 | Executive Steering Committee |
|---|---|---|

| Objective 3 | Identify and address barriers to empowerment of individuals supported and staff | People First Team |

### *Strategies*

| | | |
|---|---|---|
| 1 | Senior leaders will propose to Central Office specific changes in how adverse outcomes emerging from person-centered activities are investigated and follow-up actions taken in order to create an environment of responsible risk-taking by 3/31/2009 | Executive Steering Committee |
| 2 | Identify at least three barriers to risk-taking-to-achieve-person-centeredness and make recommendations necessary to promote new experiences while managing risk by 3/31/2009 | People First Team |
| 3 | Review and act on recommendations to promote new experiences while managing risk by 6/30/2009 | Executive Steering Committee |

**Objective 4**    **Update and enhance training and other existing processes to reflect PCP**      **People First Team**

*Strategies*

| | | |
|---|---|---|
| 1 | Provide person-centered orientation to all staff through the People First Team by 10/31/2008 (Done) | People First Team |

**Objective 5**    **Create expectations, training, support, oversight and evaluation of "hands-on" PCP approaches**      **People First Team**

*Strategies*

| | | |
|---|---|---|
| 1 | Develop interactive/hands-on training to include personal contact issues (talking, towing, inviting, etc), test with multiple trainees/areas/shifts, assess effectiveness, make needed improvements and implement final product by 12/31/2009 | Staff Training & Development |
| 2 | Modify existing competency checkoffs to incorporate PCP-related skills by 2/28/2009 | Quality Manager |
| 3 | Modify current system for active treatment observations to incorporate hands on PCP items by 10/31/2008 (Done) | Quality Manager |
| 4 | Identify at least 3 processes needed for delivering supports to individuals (examples--trips, food requests for trips, requests for money) and initiate streamlining of processes by 10/31/2008 (Done) | People First Team |
| 5 | Develop a tool for support staff to assess risk when planning activities for individuals here by 10/31/2008 (Done) | Risk Manager |

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6 Develop a training protocol for use with individuals involved in preparing snacks or other food by 1/31/2009 — Dietary

*Performance Indicators*

1 Number of staff receiving training in person-centered practices — Dept. Heads

**Objective 6  Enhance opportunities for individuals to build relationships in the community**  **People First Team**

*Strategies*

1 Host 2 "Open House" events for community organizations to meet and interact with individuals by 3/31/2009 — PCP Coordinator

2 Contact community organizations and explore individual membership options focusing on retirement, socialization, and volunteerism by 7/31/2008 (Done) — PCP Coordinator

3 Implement community outreach program to raise awareness and tolerance by 12/31/2008 (Done) — PCP Coordinator

4 Explore feasibility of opening community bank accounts for individuals by 1/31/2009 — PCP Coordinator

*Performance Indicators*

1 Number of organizations that participate in "Open House" events — PCP Coordinator

2 Number of individuals who participate in organizational events in the community — PCP Coordinator

3 Number of community informational sessions conducted per quarter — PCP Coordinator

**Objective 7  Individual employment in the community will increase by at least 20% by 7/31/09**  **People First Team**

*Strategies*

1 Enhance public relations plan to increase work opportunities in the community for individuals by 10/31/2008 (Done) — Business Manager

*Performance Indicators*

1 Percent of individuals employed in the community — Person-Centered Supports Director

**Objective 8  Achieve regular attendance to religious services for at least 15% of individuals by 7/31/09**  **People First Team**

*Strategies*

| | | |
|---|---|---|
| 1 | Provide opportunities for religious services to be held in campus chapel (or in community) representative of each identified individual religious affiliation at least semi-annually by 3/31/2009 | Religious Supports |
| 2 | Ensure ongoing support for individual attendance to religious services in the community at least quarterly by 7/31/2009 | Director, Residential Supports |

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Percent of individuals who attend community religious services regularly | Residential Supports |

**Objective 9**  **Incorporate supports that increase individuals' participation in community integration**          **People First Team**

*Strategies*

| | | |
|---|---|---|
| 1 | Ensure individuals that desire to vote receive voting training, register to vote and visit polls as desired once per year by 7/31/2009 | Director, Person-Centered Supports |
| 2 | Expand supports for individuals to spend personal funds in the community by 7/31/2009 | Directors, Residential Supports and Person- |
| 3 | Expand supports for individuals' use of public transportation to various locations in community by 7/31/2009 | Directors, Residential Supports and Person- |
| 4 | Require all IHPs have one or more formal community integration supports by 7/31/2009 | Director, Person-Centered Supports |
| 5 | Identify several positions whose primary responsibility is to plan, research and carry out community outings.  Formulate vision, mission and work requirements for group by 1/31/2009 | Executive Steering Committee |
| 6 | Develop guidelines for partnerships between home and support areas to manage and increase individual and small group community activities by 12/31/2008 (Done) | Directors, Residential Supports and Person- |
| 7 | Increase individuals' volunteer opportunities outside of the SVTC community by 12/31/2009 | PCP Coordinator |
| 8 | Review need for additional transportation resources and resource management on an annual basis beginning by 2/1/2009 | Director, Transportation Dept. |

# SVTC Annual Plan

## FY 2009

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Number of registered individuals who visit voting polls yearly | Director, Residential Supports |
| 2 | Number of individuals who shop in the community | Director, Residential Supports |
| 3 | Number of individuals who are supported in the use of public transportation | Director, Residential Supports |
| 4 | Number of individuals who conducted volunteer work | Person-Centered Supports Director |
| 5 | Number of community outings involving 3 or fewer individuals | Director, Residential Supports |

**Objective 10** **Expand individuals' exposure to alternative living environments** **People First Team**

*Strategies*

| | | |
|---|---|---|
| 1 | Afford opportunities for staff to become knowledgeable of and exposed to community living environments for individuals by 4/30/2009 | Director, Community/Social Services |
| 2 | Provide supports for individuals to visit living environments in the community to gain insight into potential community options by 7/31/2009 | Director, Community/Social Services |
| 3 | Implement retirement supports for individuals by 4/30/2009 | Director, Person-Centered Supports |

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Number of staff outings to alternative living environments | Director, Residential Supports |
| 2 | Number of individuals visiting alternative living environments | Director, Community/Social Services |

**Objective 11** **Institute a quality improvement process to ensure ongoing assessment of results and adjustment of plans** **People First Team**

*Strategies*

| | | |
|---|---|---|
| 1 | Conduct staff self-determination survey and compare to 2007 results by 7/31/2009 | Health & Individual Supports |
| 2 | Conduct a Level 1 assessment (individual as customer) as adopted by statewide PCP Committee with 7 individuals/families every 4-6 months beginning by 1/31/2009 | PCP Coordinator |

| | | |
|---|---|---|
| 3 | Conduct a Level 2 assessment (ID Teams as customer) as adopted by statewide PCP Committee with 4 ID Team members every 4-6 months beginning by 1/31/2009 | Director, Person-Centered Supports |
| 4 | Conduct a Level 3 assessment (SVTC as customer) as adopted by statewide PCP Committee with 3 or more high-level managers every 4-6 months beginning by 1/31/2009 | Quality Manager |
| 5 | Revisit most recent PCP report from Inspector General and identify opportunities for new initiatives every 4-6 months beginning by 1/31/2009 | Executive Steering Committee |
| 6 | Conduct a review and analysis of PCP information and recommend (1) specific action steps using one-page form adopted by statewide PCP Committee (see p. 13 of draft 3-Level manual) and, as appropriate, (2) improvements to the SVTC Person Centered Plan for approval by Facility Director. PCP information reviewed will include results from 3-level assessments and performance indicators as well as any action plans implemented since last review.  Repeat this strategy every 4-6 months by 1/31/2009 | PCP Coordinator |
| 7 | Communicate SVTC Person Centered Plan to stakeholders by posting the plan on internal and external websites and making staff aware via (a) All Users email, (b) posting on official bulletin boards and (c) discussion at Managers' Forum and Employees Forum by 7/31/2008 (Done) | Facility Director |

**Objective 12**  **Achieve verified person-centered outcomes for at least 25% of individuals by 6/30/09**  People First Team

*Strategies*

| | | |
|---|---|---|
| 1 | Implement statewide ISP model as rolled out by DMHMRSAS by 12/31/2009 | Director, Person-Centered Supports |
| 2 | In absence of statewide ISP that addresses #3, all IHPs will reflect a personal vision statement by 1/31/2010 | Director, Person-Centered Supports |
| 3 | Teams will organize all IHP priorities by importance beginning with those based on the individual's preferences by by 1/31/2010 | Director, Person-Centered Supports |
| 4 | ID teams will be educated in using individuals' strengths and preferences to identify IHP priorities by 1/31/2009 | Director, Person-Centered Supports |

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Percent of ID Teams that follow established, outcome-based agenda for annual staffings | Person-Centered Supports Director |
| 2 | Percent of IHPs evaluated that reflect documented person-centered outcomes | Utilization Review Committee |

**Objective 13   Support ID Team planning and decision-making**          **People First Team**

*Strategies*

| | | |
|---|---|---|
| 1 | Ensure that individuals are supported in documenting their presence at staffings beginning by 7/1/2008 (Done) | Director, Person-Centered Supports |
| 2 | Ensure participation of families and community case managers are documented including conference calls beginning by 7/1/2008 (Done) | Director, Person-Centered Supports |

# SVTC Annual Plan

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## Goal 5    Monitor Quality Assurance Indicators

### Objective 1    **Monitor selected quality assurance indicators**    **Quality Council**

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Percent of areas observed as problem-free during Administrative Oversite rounds | Program Directors |
| 2 | Number of abuse allegations | Chief, Health & Individual Supports |
| 3 | Number of substantiated abuse allegations | Chief, Health & Individual Supports |

### Objective 2    **Monitor Medicaid Plan of Correction**    **Quality Council**

*Performance Indicators*

| | | |
|---|---|---|
| 1 | Number of bedrails in IHP vs. Restrictive Device database | QMRPs |
| 2 | Average rating from Active Treatment observations re meeting Medicaid standards based on refined observation process | H&IS Dept. Heads |
| 3 | Average rating from Active Treatment observations re meeting Medicaid standards | H&IS Dept. Heads |
| 4 | Average number of competencies demonstrated during "pretest" | Program Directors & Support Chiefs |
| 5 | Percent of program delivery staff currently certified as competent | Program Directors & Support Chiefs |
| 6 | Number of injuries, etc. reviewed by QI Nurse where appropriate AR notification has not been documented | Director, Medical/Physician Services |
| 7 | Reports of suspected abuse/neglect that are not communicated to the Facility Director/designee in a timely manner | Facility Director |
| 8 | Reports of suspected abuse/neglect that are not communicated to the Health Dept. in a timely manner | Facility Director |
| 9 | Number of fire drill issues and follow-through | Program Directors & Support Chiefs |

| 10 | Percent of IHPs that fully comply with money management requirements | Utilization Review Committee |
| 11 | Percent of IHPs that fully comply with self-administration of medication requirements | Utilization Review Committee |
| 12 | Percent of IHPs that fully comply with wandering/elopement requirements | Utilization Review Committee |
| 13 | Number of supports for individuals not delivered as required by IHP | H&IS & Dietary Dept. Heads |

**Objective 3**     **Monitor selected Inspector General monthly indicators**     **Quality Council**

*Performance Indicators*

| 1 | Numbers of new complaints during the month | Facility Director |
| 2 | Number of complaints originated by consumer during the month | Facility Director |
| 3 | Number of complaints originated by staff during the month | Facility Director |
| 4 | Number of complaints originated by family during the month | Facility Director |
| 5 | Number of complaints originated by the advocate during the month | Facility Director |
| 6 | Number of explained deaths during the month | Director, Medical/Physician Services |
| 7 | Number of unexplained deaths during the month | Director, Medical/Physician Services |
| 8 | Number of deaths with formal Peer Reviews conducted during the month | Director, Medical/Physician Services |
| 9 | Number of deaths reported as a Sentinel Event to JCAHO during the month | n/a |
| 10 | Number of death summaries completed during the month | Director, Medical/Physician Services |
| 11 | Number of deaths reported to the medical examiner during the month | Director, Medical/Physician Services |
| 12 | Number of police investigations conducted as a result of a death during the month | Facility Director |